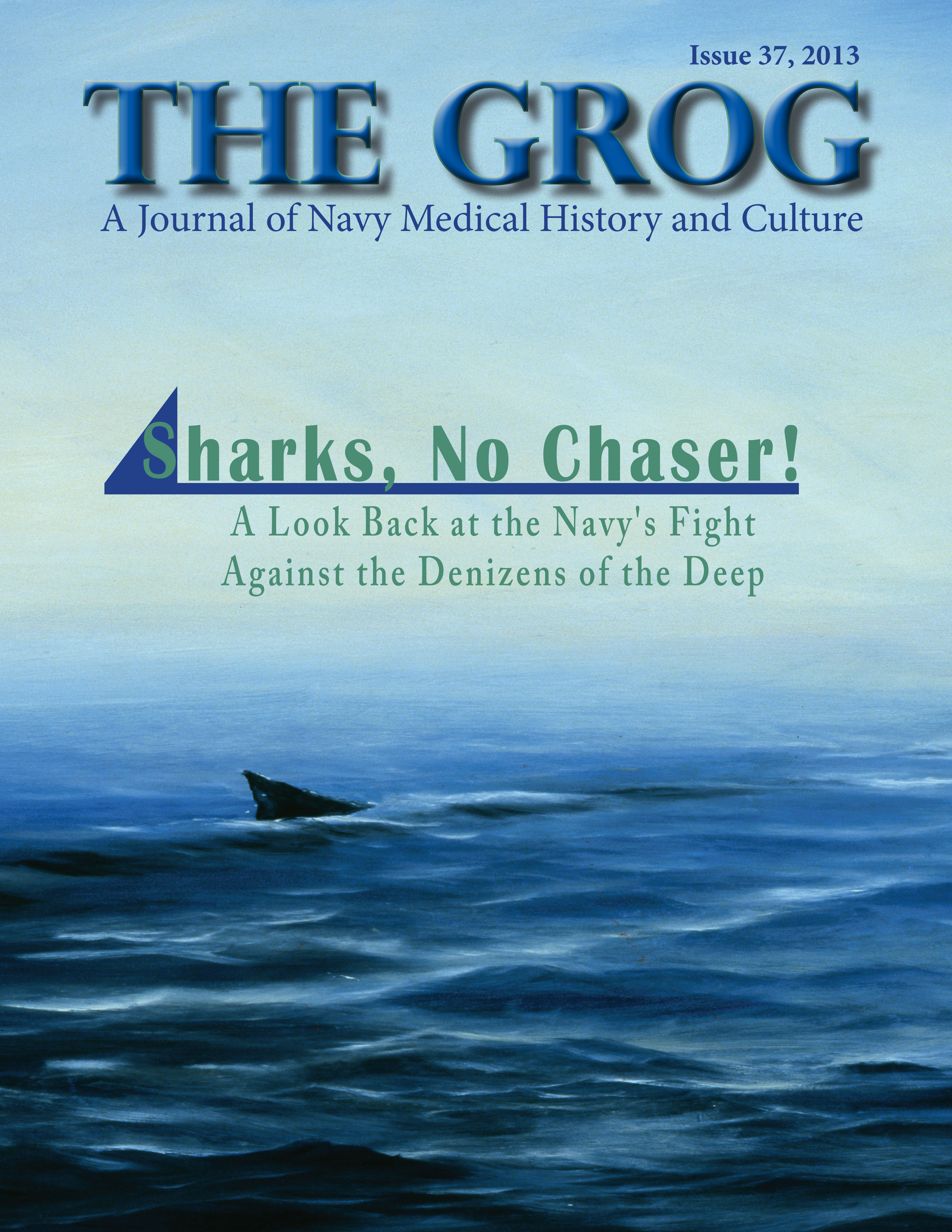
Issue 37, 2013

THE GROG

A Journal of Navy Medical History and Culture



Sharks, No Chaser!

A Look Back at the Navy's Fight Against the Denizens of the Deep

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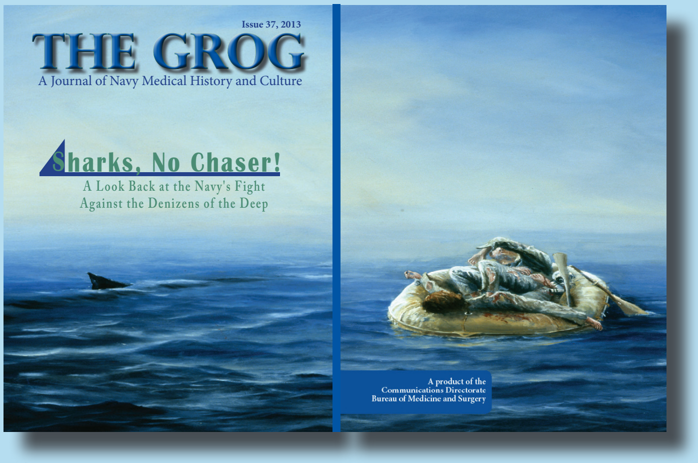
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Sharks, No Chaser!
A Look Back at the Navy's Fight Against the Denizens of the Deep
A product of the Communications Directorate Bureau of Medicine and Surgery

The Lone Dinghy
By John Hamilton
80-142-AR
Courtesy of Navy Art Museum

Office of Medical History
Communications Directorate
Bureau of Medicine & Surgery
7700 Arlington Blvd
Falls Church, VA 22042

Editor and Historian:
André B. Sobocinski

Archivist:
Mike Rhode

Oral History Editor:
COL Dick Ginn, MSC, USA (Ret.)

For more information about The Grog *and learn how to contribute historical articles and story ideas please contact André Sobocinski at: Andre.Sobocinski@med.navy.mil.*

Introduction

Few creatures on earth fill the collective human imagination with as much fear and fascination as sharks. At an early age we landlubbers learn that: the appearance of a dorsal fin above the waterline forebodes a shark attack; blood in the water is the tried and true recipe for feeding frenzies; and if you try jumping a shark on waterskis your television show, should you have one, is destined for cancellation.

Much of this "knowledge" of sharks comes from the pool of popular culture we are immersed in from the time we are born. Through the worlds of art, literature, television and film, we are exposed to the notion of the underwater boogeybeast craving human being for dinner. Delectable as we may be, it is a fearful thought for those of us with aversions to puppy-nibbling let alone getting served as the main course in a shark feast.

The U.S. Navy has had its own history combating the innate human fear of sharks. At the beginning of World War II, the Bureau of Medicine and Surgery issued the first official Navy guidance on shark encounters. The guidance reminded the reader that in most cases sharks are more frightened of humans than the contrary. As a further stop-gap measure, the Navy was part of an effort to develop a "full-proof" shark repellent for downed pilots and Sailors from sunken vessels. Called the "Shark Chaser," this concoction of copper acetate and black water soluble dye was used for over thirty years until it was discovered that some sharks were actually attracted to it!

In this issue we look back at the U.S. Navy's long history with sharks from curious cases of shark attacks documented by Navy physicians to the development of repellents. We follow this with an assortment of original stories and sidebars ranging from a look back on the life of a long-living former World War II POW to the service of Navy flight nurses in the Pacific and Brazil.

As always, we hope you enjoy this journey on the high seas of Navy Medicine's past!

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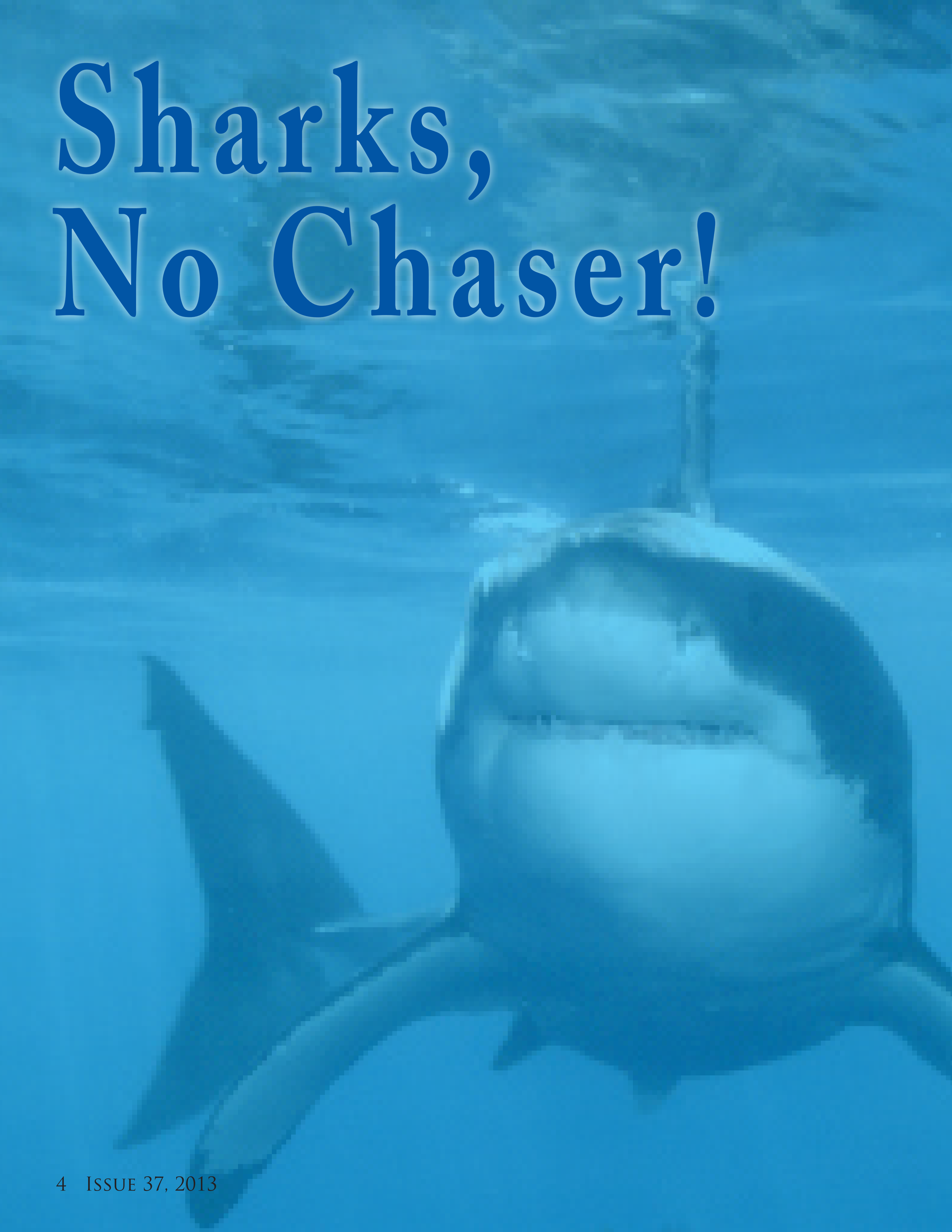
THE GROG is a free tri-annual publication of the BUMED Communications Directorate dedicated to the promotion and preservation of the history and culture of the Navy Medical Department. Articles and information published in THE GROG are historical and are not meant to reflect the present-day policy of the Navy Medical Department, U.S. Navy, and/or the Department of Defense.

Sharks, No Chaser!



A Look Back at the Navy's Fight Against the Denizens of the Deep

Shark attacks has been a mainstay of popular culture for centuries. Long before they became the alluring chum of cable news, they were immortalized in paintings by John Singleton Copley and Winslow Homer and portrayed in the literary works of Poe and Hemingway[1]—all of which have served to vilify the underwater predator as a vicious creature that craves a tasty human appetizer before a sensible dinner of *seal du jour*. Probably nothing has perpetuated this myth more than the "one-two" combination of Peter Benchley's novel *Jaws* (1974) followed by Steven Spielberg's terrifying film adaptation in 1975. The title character "Jaws," a Great White Shark with an unspoken grudge against a New England resort town, was, without question, a veritable public relations nightmare for all sharks not named "Jaws."

Any "Jaws" fan can tell you that the U.S. Navy has had its own unique history with sharks. In what is known in movie parlance as simply the "*Indianapolis* Scene," fisherman Sam Quint (Robert Shaw) tells Brody (Roy Scheider) and Hooper (Richard Dreyfuss) a horrifying shark tale of the crew of USS *Indianapolis*, a Navy ship torpedoed and sunk on 30 July 1945. In the four days before their rescue, some 883 Sailors would die in the Pacific Ocean. According to Quint, most were "taken away" by sharks[2] making it one of the greatest shark feeding frenzies in history. In reality, only 88 bodies recovered were found mutilated by sharks and to this day it is not known how many crewmembers were actually killed by them.[3] CAPT Lewis Haynes, Medical Officer of the *Indianapolis,* would later downplay the real shark story saying, "I saw only one shark. I remember reaching out trying to grab hold of him. I thought maybe it would be food. However, when night came, things would bump against you in the dark or brush against your leg and you would wonder what it was. But honestly, in the entire 110 hours I was in the water I did not see a man attacked by a shark."[4]

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1. Copley's "Watson and the Shark" (1778); Homer's "The Gulf Stream" (1899), Poe's *The Narrative of Arthur Gordon Pym of Nantucket*(1837); Hemmingway's *The Old Man and the Sea* (1952).
2. Peter Benchley's *Jaws* (1974); Steven Spielberg's "Jaws" (1975). In one of the most horrifying descriptions of a shark attack, Quint tells his crew that a shark has "got lifeless eyes, black eyes, like a doll's eyes. When he comes at you he doesn't seem to be living until he bites you, and those black eyes roll over white, and the--oh, that you hear that terrible high-pitch screaming..." Corey, Melina and George Ochoa. *The Dictionary of Film Quotations*. New York: Three Rivers Press. 1995. p 186.
3. McCormick, Harold, et al. *Shadows in the Sea*. Philadelphia, PA: Chilton Book Company. 1970.
4. Haynes, Lewis L. "Survivor of the Indianapolis." *Navy Medicine* 86, no.4 (Jul.-Aug. 1995): 13-17.

The Shark Menace?

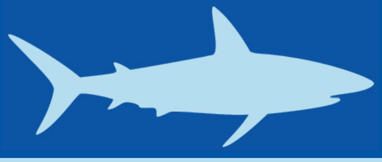
At the start of World War II, the Navy began taking the issue of shark attacks (both real and imaginary) into account. In 1942, the Bureau of Medicine and Surgery (BUMED) issued *Technical Note No. 89-42* with the aim to put to rest any latent fears of sharks. The document emphasized that only few sharks had been known to attack humans (i.e. "Great Whites" and "Tiger Sharks") and these were relatively few in number.[5] The *Note* also reminded servicemen that sharks tend to be wary and fearful of unfamiliar forms, noises and movements; these traits alone would restrain a shark from attacking a swimmer. And if on occasion Sailors are thrown into the sea, then “there nearly always occurs explosions and escape of fuel oil. The constituents of fuel oil, with or without flames, would probably serve as a repellant; and violent explosions, as of bombs, torpedoes, or depth charges, would stun, kill, or drive away all fish.”[6] The document would ultimately serve as BUMED’s official stance on sharks throughout the war, but was not alone in the realm of shark-themed literature.

In 1944, the *BUMED Aviation Medicine Supplement* included a “Shark Notes” feature advising its audience—primarily Navy flight surgeons—that man is not a shark’s natural prey and it is more likely to be afraid of you than attack. Should you have a first-hand encounter with a shark: “kick or stiff-arm the shark to push it away,” “use strong regular swimming movements,” “try feinting toward the shark—it may be scared away,” “don’t swim away directly in the shark’s path,” “make loud sounds,” and "use a knife at close quarters in a showdown.”[7]

In March 1944, the Navy Aviation Training Division issued the illustrated guide book *Shark Sense*. This tongue-in-cheek, 24-page pamphlet written by short story writer and novelist Roark Bradford, reminded its readers that the “shark is a fish and fish stories can get out of hand” and “very few are ever handicapped by statistics."[8]

But what were the statistics on shark attacks in the Navy? According to Navy medical records, there were only three confirmed shark attacks on naval personnel in the twenty-five years preceding World War II (1917, 1921, and 1924).[9] A fatal attack in Canaçao Bay, Philip-

Shark Notes (1944)



For the most part, sharks live and feed in deep water. When hungry, or after dark, they show an increased tendency to move toward the surface and into shore waters. A shark seeks food which is fairly easy to get, and especially goes after stragglers from schools of fish and after prey which has been wounded or is helpless.

Man is not shark's natural prey. In fact, his strange appearance probably alarms a shark. There is evidence that a group of clothed men, when bunched together in the water, will be safer than a single individual. Such things as garbage, body wastes and blood stimulate the shark to look for food. Weak fluttery movements attract him, and strong, regular movements, as well as loud strange noises, repel him. After being attracted, a shark may use sight to locate and catch food.

While sharks show curiousity at any large floating object, and may approach and circle the object once or twice, or even nudge it with its snout, it will not attack a man unless it is hungry. When swimming, a shark cannot stop suddenly or turn quickly in a tight circle. A good swimmer can avoid a single large shark by evasive action.

~BUMED Aviation Medicine Supplement, Vol 3, No. 11. 1944 p4

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5. McCormick, p31
6. BUMED *Technical Note No. 89-42*
7. "Shark Notes." BUMED Aviation Medicine Supplement, Vol 3, No. 11. 1944 p4
8. *Shark Sense*. Office of Chief of Naval Operations, Washington, DC. March 1944 (24 page pamphlet). Roark Bradford (1896-1948) whose stories appeared in Colliers and Harper's may be best known for his novel John Henry (1931) which was adapted into a stage musical in 1940 starring Paul Robeson.
9. VADM Ross McIntire to Coordinator of Research and Development. "Means of Protection Against Sharks." October 22, 1942. P10-1/QI (074). Correspondence files. RG 52. NARA II.

pines in 1917 was documented by Assistant Surgeon P.F. Prioleau in the *U.S. Naval Medical Bulletin*.

In his report Prioleau wrote: "About 5 p.m., May 31, 1917, E.E., water tender, attached to the USS *Dale*, started out for a long swim, accompanied by one of his shipmates. E.E. was a most excellent swimmer and, after a time, his companion becoming tired and not wishing to go further left him, and he continued to swim alone in the direction of the open bay. About 5:45 p.m. a seaman on the USS *Monterey* happened to notice E.E., who was then some 200 yards from the ship, fall suddenly on his back and then give two or three violent strokes in the water. At the same time the observer saw a shark in close proximity to the bather. It was not hard to conjecture that some accident had occurred, and a boat was rapidly lowered and rushed to the vicinity where the man had been last seen. The body was recovered, but it was evident from the extensiveness of the wound that the man was dead. He was then taken to the morgue of the United States Naval Hospital, Canaçao, P.I."[10]

From Chaser to Chum

As our warfighters fought to repel the Japanese in the Pacific War, Navy and civilian scientists stateside began investigating viable means of repelling sharks. The concern rested with the prospective plights of downed pilots, and survivors of sunken ships awaiting rescue in shark-infested waters. In 1942, upon recommendation of CAPT Ralph Davisson, Acting Chief of the Navy Bureau of Aeronautics, the Committee on Medical Research reached out to W. Douglas Burden (President of Marine Studios, Incorporated, and later "Marineland") about investigating means of protection against sharks, barracudas, and jellyfish for men adrift in lifebelts/lifejackets. It was also proposed that the investigation include a study of repellent chemicals. Over the summer of 1942, scientists and others from the Marine Studios made observations on the effect of certain chemical extracts in the open sea off Florida, Woods Hole, MA, and in Guayaquil Harbor, Ecuador. Early results appeared promising.[11] By Spring 1943, media outlets began reporting that a mysterious "Substance for Driving Off Man-Eaters" had been discovered and was soon to be distributed to all Navy and Marine Corps personnel operating in shark-infested waters as part of their "Mae West" life jackets.[12] In reality the substance, dubbed the "Shark Chaser"—a teabag size container with 6 ounces of copper acetate and black dye with water soluble wax binder—was not quite a universal shark repellent.

The news captured the imagination of the public and soon people with little prospect of actually seeing a live shark began bombarding the Navy with requests for samples of the shark repellents. One pharmacy professor at the University of Oklahoma wrote directly to VADM Ross McIntire stating that "I have just noticed a UP story on a new Navy shark repellent. Would it be possible for you to see it that I get further information on this and perhaps a small sample?"[13]

McIntire believed the "shark menace" was overemphasized by the press and of lesser importance to real perils of thirst, hunger, and weather. He advised against the "shark repellent" believing that having it would only make personnel "shark-conscious, creating fear and by implication, officially affirming grounds for fear."[14] In letter to Admiral Ernest King, Navy Chief of Naval Operations, McIntire declared that the experimental studies carried out in shark infested waters were not conclusive. He would go on to state that the "Bureau has described the degree of danger from sharks as fol-

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[10] P.F. Prioleau, Assistant Surgeon, "Clinical Notes." *United States Naval Bulletin*. October 1917. Washington, DC: Government Printing Office. 1917. pp539. Note. Nearly the entire abdominal cavity was torn away. Dr. Prioleau believed that if the victim was smaller the forces of the attack may have been enough to cut his body in two.

[11] A.N. Richards to Rear Admiral Julius A. Furer, Navy Research and Development, 26 September 1942. Correspondence Files. RG 52

[12] "Navy Gets 'Shark-Repellent': Navy Develops Substance for Driving Off Man-Eaters." *The New York Times*; May 7, 1943. p10.

[13] Dr. Ralph Bienfang to VADM Ross McIntire. 13 May 1943. P10-1/QI (074). BUMED Correspondence files. RG 52. NARA II

[14] VADM Ross McIntire to Admiral Ernest King. "Shark Repellent, use of." 8 February 1944. P10-1/QI (074-41). BUMED Correspondence files. RG 52. NARA II

LCDR Ben Staves (Victor Mature) emerges the "victor" in battle with a fake shark. Publicity still from the film "The Sharkfighters" (1956).
Collection of A.B. Sobocinski

lows: During the past fifteen years, there is no authentic record of attack on living Navy or Merchant Marine personnel. Granting that there have been instances of attack by shark which are not of record, it is clear that danger from sharks may correctly be termed negligible."[15] He suggested that it would be more rational to include in the various survivor's manuals and instructions a reassuring paragraph emphasizing the extremely slight danger of attack by sharks, stating their innocent intent in following boats, and describing simple methods by which they may be "kept at a distance."[16]

Doubts about the shark repellent ran throughout the Navy Medical Department. After viewing the Bureau of Aeronautics-Naval Research Laboratory film on the "effectiveness of the repellent" in 1944, Hospital Corps officer J.N. Standard reported that the purported results suffered from extreme "editing" and that the sharks are never seen in the same shots of the men surrounded by clouds of repellent.

"Two men jump into the water from shrimper and infers that the waters were shark infested by showing first the men in the water, then a shark fin, then the men in the water, then a shark fin, etc. Actually both the men surrounded by the dye and the shark fin are never shown simultaneously. Similarly, the film shows the sea water solution of the repellent being thrown over the side or sprayed into the water very quickly after pictures showing sharks avidly attacking the trash fish. After the repellent was added, the trash fish remained untouched."[17]

The Truth about Sharkfighting

In 1956, United Artists released "The Sharkfighters," a feature film about the Navy's heroic efforts to find an effective repellent for flyers whose planes went down in the ocean. The film starred Victor Mature as "LCDR Ben Staves," a zealous former destroyer captain working with ichthyologists to discover an effective repellent. Although wholly fictional and only loosely "inspired" by the actual shark repellent studies, the film offered viewers some thrilling moments; including a scene where the desperate Staves jumps into a ravenous school of sharks to test the experimental repellent.[19]

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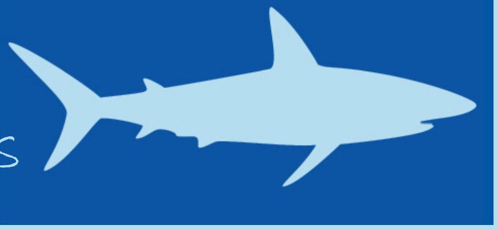
[15] Ibid

[16] Ibid

[17] J.N. Stanard, LT, H-V-(S), USNR to CAPT J.H. Korb. "NRL Film and report on shark repellents." 2 Nov 1944. BUMED-X-EV-Is. BUMED Correspondence files. RG 52. NARA II.

The Navy would continue to issue Shark Chasers for over thirty years. From November 1969 to February 1974, the Navy spent $340,000 for 84,450 packets of Shark Chaser[20]; from 1969 to 1970 alone, 43,000 packets were issued by the Navy at a unit price of $3.35. In 1977, a Congressional investigation into the effectiveness of the Shark Chaser revealed that the soluble cakes of Shark Chaser offered no protection to downed fliers and that sharks had no actual aversion to the repellent and often swam through the cloud of dye and consumed the package itself.[21] Some studies revealed that the repellent actually mimicked the odor of a dead shark and subsequently attracted hungry sharks.[22] Perhaps the final bite took place in 1977 when journalist Daniel Greenberg editorialized that the "Shark Chaser" was nothing more than

A Few facts About Sharks



From The Discovery Channel's "Shark Week" Website

- Sharks shed their teeth constantly, and once one falls to the ocean floor, it's quickly covered with sand. It soaks up sediments like silica and calcite, which change the tooth's color from white to gray or brown.
- Of the average 30 to 50 shark attacks reported each year, only 5 to 10 prove to be fatal. So while being bitten by a shark is rare, dying from a shark bite is even rarer.
- While many of us fear sharks they're the one who should fear us. People are the sharks' biggest predator. In fact humans kill more than 73 million sharks annually.
- The gestation period for a pregnant shark can range from five months to two years.
- Sharks can generate 40,000 pounds per square inch of pressure in a single bite.
- Prior to attacking prey a shark will hunch its back, lower its pectoral fins and swim in zigzag motions.
- Sharks have quite a few more senses than humans do. One comes from lateral line organs, which act like an internal barometer. When solid objects glide through the water, they create waves of pressure that a shark can feel with the sensitivity of a physical touch. By sensing these pressure waves, a shark can detect both the movement and direction of the object!
- A shark's tooth-shaped scales, called denticles, allow it to move swiftly through the water without collecting barnacles and algae deposits on the skin. In 2005, engineers successfully mimicked the pattern of scales, creating a bacteria-resistant coating.
- Sharks respond to a sound known as a "yummy hum." It's not an actual hum, though. It's an infrasonic sound (one that's too low for humans to hear) that injured fish make, drawing sharks to an easy meal.
- The average shark lives to be 25 years old, but some can get as old as 100! They live so long because their chances of contracting a disease are low. Their skeleton is made up entirely of cartilage, which drastically lowers the likelihood of developing a tumor and strengthens their immunity.
- There are at least 350 shark species roaming the world's oceans today. They vary in size and even shape, but they all tend to share similar body characteristics like large livers, flexible cartilaginous skeletons and enhanced sensory systems.

Source:
http://dsc.discovery.com/tv-shows/shark-week/lists/top-shark-facts.htm

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19. The Sharkfighters (1956)
20. "Navy Hit for Its 'Tea Bag' Shark Repellent." *The Washington Post*; Jul 26, 1977. pA10.
21. Baldridge, H. David. *Shark Attack*. Anderson, SC: Droke House/Hallux, Inc. 1977.
22. McCormick pp126-131.

"modern-day quackery."[23]

New Research

By the early 1960s, the Navy was turning to other, more reliable means of protection from sharks and other deadly sea creatures. In 1960, Navy hydrobiologists experimented with the toxins of sea cucumber and sea urchin toxins for use as a repellent.[24] Later in the decade, the Navy developed a "shark shield," an inflatable floatation device offering an extra layer of protection in case of shark attack.[25]

> *"We're not just afraid of predators, we're transfixed by them…because fascination creates preparedness, and preparedness, survival."*
> ~E.O. Wilson

In 1965, Navy scientists at Point Magu Naval Missile Center trained a seven-foot, 270-pound Atlantic bottled-nose porpoise named "Tuffy" to work with divers on Navy Sealab II, an experiment in underwater living. Tuffy was taught to take guidelines and carry packages between divers and men on surface, but also to ward off sharks.[26] In the 1970s, others dolphins were trained by the Navy as companions for frogmen and underwater demolition teams and to serve as protection from sharks.[27]

Conclusion

By the late 1970's the question "Does it feel safe to get in the water?" was met by a resounding "NO!" by Americans. A 1976 poll found that the fear of shark attacks climbed twenty-five spots from the previous year to "number 11"[28] This despite the fact that one is much more likely to be killed by lightning and swallowed by a sandhole than attacked by a shark in their lifetime.[29] Even today, "Great White" shark sightings and stories of vicious shark encounters are presented by some media outlets as though the sharks are preparing for a full-scale invasion of our beaches.

***

There's no question that Peter Benchley and Steven Spielberg are partly to blame for the heightened fears about sharks in the 1970s that remains with us today. At the same time, there is something more instinctive about the terror that lingers today. Perhaps legendary biologist E.O. Wilson was correct when he hypothesized that our fear of sharks and other predators stems from an innate survival strategy. "We're not just afraid of predators, we're transfixed by them…because fascination creates preparedness, and preparedness, survival."[30]

---

[23] Greenberg, Daniel. "When Quackery Dons a Starched White Coat." *The Washington Post*. Aug 2, 1977; pA19.

[24] When touched the sea cucumbers regurgitate a powerful toxin called holothurin which has the ability to send some fish into convulsions. Research Gains in War on Sharks: Navy Scientists Find Toxin in Sea Cucumber May Serve as Repellent. *The New York Times*. August 14, 1960. p76.

[25] Devlin, John. "Shield is Devised against Sharks." *The New York Times*: Bag on Life Vest Converts to Scent-Trapping Device. Dec 18, 1967. p9.

[26] Sealabs were underwater habitations developed by the Navy as a means of testing viability of saturation diving and determining how long humans could live underwater. Sealab II was launched off the coast of San Diego on 28 August 1965. "Navy Trains Porpoise to Guard Divers." *The New York Times*; Aug 9, 1965. p27.

[27] "Dolphin Trained to Fight Sharks: Test Shows Mammal Can Be Used to Aid Frogmen." *The New York Times*. Nov 3, 1971. p36.

[28] Passell, Peter. "Repelling Sharks a Pro's Task." *Los Angeles Times*; Sep 10, 1976. pF9.

[29] "Risk of Shark Attacks." Florida Museum of Natural History (http://www.flmnh.ufl.edu/fish/sharks/attacks/relariksand.htm).

[30] Carwardine, Mark. *Shark*. Buffalo, NY: Firefly Books, Ltd. 2004

Navy Medicine's Record of Shark Attacks, 1845-1921

Between 1845 and 1921, there were seven cases of shark attacks on U.S. Navy and Marine Corps personnel documented by Navy physicians. Below we present the excerpted reports of these rare and sometimes fatal encounters.

From the Medical Journal of USS *Falmouth*, 1845[1]:

Off Pensacola Navy Yard, July 19, 1845. A shark was caught this day on board the sloop of war *SARATOGA*, and on opening its stomach the head of a man was found which was recognized by the officers and crew of this ship as being that of Jones Griffin, Quartermaster, who is supposed to have fallen overboard from this ship in the night of the 12th of July.

~Assistant Surgeon Ephraim Bee, USN

***

From the Medical Journal of USS *Atlanta*, 1894[2]:

Michael Daley, Seaman, was transferred from the USS *ATLANTA*, when at the Navy Yard, Norfolk, Va., to the Naval Hospital, Norfolk, on September 12, 1894, on account of a laceration wound received while bathing in the Elizabeth River, near the ship during swimming hour. He was severely bitten on the left thigh and leg, and the medical officer states that from the appearance of the laceration it was presumably done by a shark.

~Surgeon Daniel N. Bertolette, USN

***

From the Acting Chief of Bureau, 1901[3]:

Samuel McKie, Quartermaster, 3rd Class, while bathing in the harbor of Idoilo, P.I., on June 24, 1901, was bitten by a shark, the left leg being torn away at the knee. The man had gone ashore with a firing party at 1 p.m., and about two hours later went in swimming, as the men had been in the habit of doing for several days past. While about 30 feet from the shore, in a depth of water of 10 or 12 feet, he was heard to give a cry and was seen to disappear for a few moments. When he arose to the surface he swam to the dinghy 10 feet away and was helped into the boat. It was then seen that the left leg was gone. A tourniquet improvised from a silver match box and handkerchief was immediately applied by one of the men and the dinghy started off

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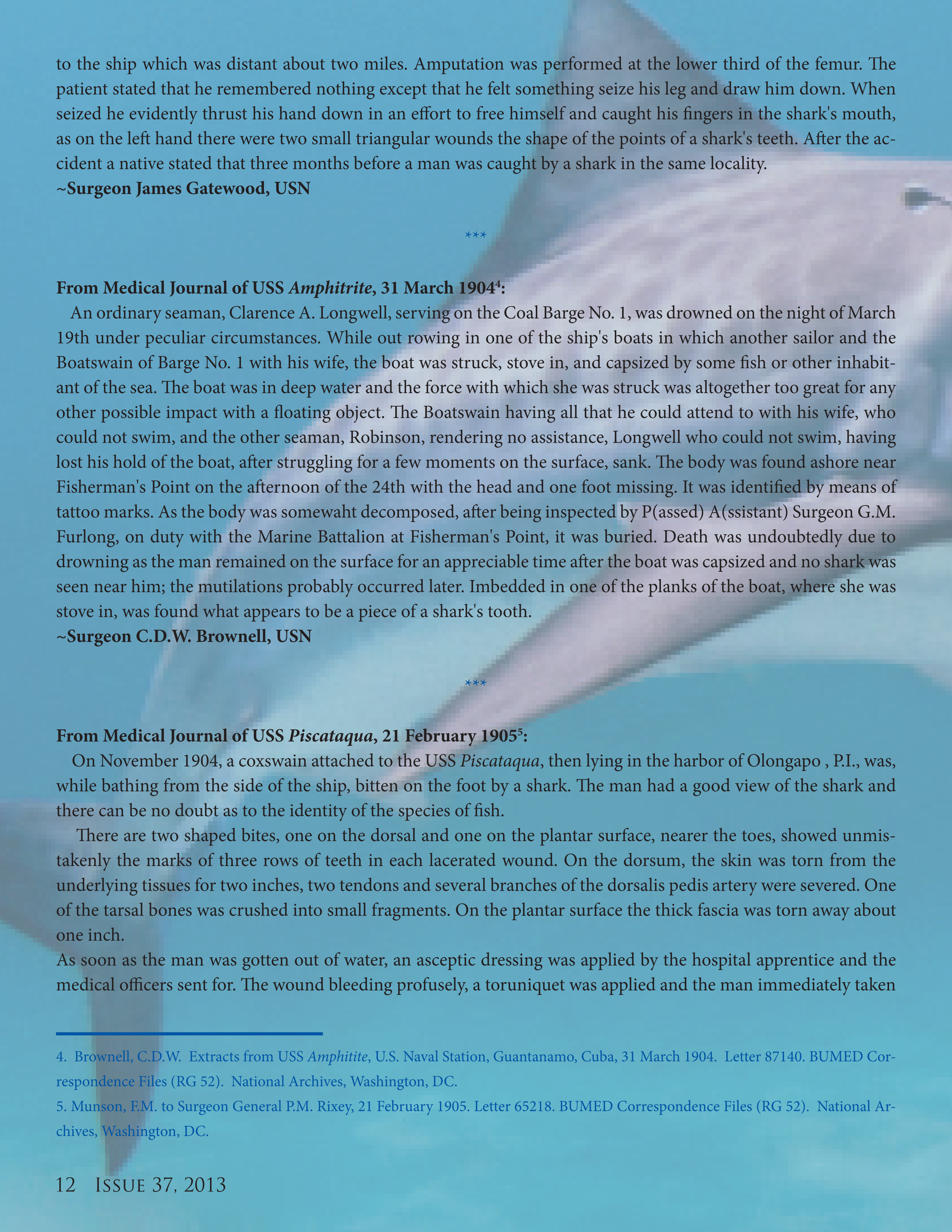
[1] Gatewood, James to G.A. Copeland. Sharks Attacks through 1902. Letter 6813. BUMED Correspondence Files (RG 52). National Archives, Washington, DC.

[2] Ibid.

[3] Ibid.



to the ship which was distant about two miles. Amputation was performed at the lower third of the femur. The patient stated that he remembered nothing except that he felt something seize his leg and draw him down. When seized he evidently thrust his hand down in an effort to free himself and caught his fingers in the shark's mouth, as on the left hand there were two small triangular wounds the shape of the points of a shark's teeth. After the accident a native stated that three months before a man was caught by a shark in the same locality.

~Surgeon James Gatewood, USN

***

From Medical Journal of USS *Amphitrite*, 31 March 1904[4]:

An ordinary seaman, Clarence A. Longwell, serving on the Coal Barge No. 1, was drowned on the night of March 19th under peculiar circumstances. While out rowing in one of the ship's boats in which another sailor and the Boatswain of Barge No. 1 with his wife, the boat was struck, stove in, and capsized by some fish or other inhabitant of the sea. The boat was in deep water and the force with which she was struck was altogether too great for any other possible impact with a floating object. The Boatswain having all that he could attend to with his wife, who could not swim, and the other seaman, Robinson, rendering no assistance, Longwell who could not swim, having lost his hold of the boat, after struggling for a few moments on the surface, sank. The body was found ashore near Fisherman's Point on the afternoon of the 24th with the head and one foot missing. It was identified by means of tattoo marks. As the body was somewaht decomposed, after being inspected by P(assed) A(ssistant) Surgeon G.M. Furlong, on duty with the Marine Battalion at Fisherman's Point, it was buried. Death was undoubtedly due to drowning as the man remained on the surface for an appreciable time after the boat was capsized and no shark was seen near him; the mutilations probably occurred later. Imbedded in one of the planks of the boat, where she was stove in, was found what appears to be a piece of a shark's tooth.

~Surgeon C.D.W. Brownell, USN

***

From Medical Journal of USS *Piscataqua*, 21 February 1905[5]:

On November 1904, a coxswain attached to the USS *Piscataqua*, then lying in the harbor of Olongapo , P.I., was, while bathing from the side of the ship, bitten on the foot by a shark. The man had a good view of the shark and there can be no doubt as to the identity of the species of fish.

There are two shaped bites, one on the dorsal and one on the plantar surface, nearer the toes, showed unmistakenly the marks of three rows of teeth in each lacerated wound. On the dorsum, the skin was torn from the underlying tissues for two inches, two tendons and several branches of the dorsalis pedis artery were severed. One of the tarsal bones was crushed into small fragments. On the plantar surface the thick fascia was torn away about one inch.

As soon as the man was gotten out of water, an asceptic dressing was applied by the hospital apprentice and the medical officers sent for. The wound bleeding profusely, a toruniquet was applied and the man immediately taken

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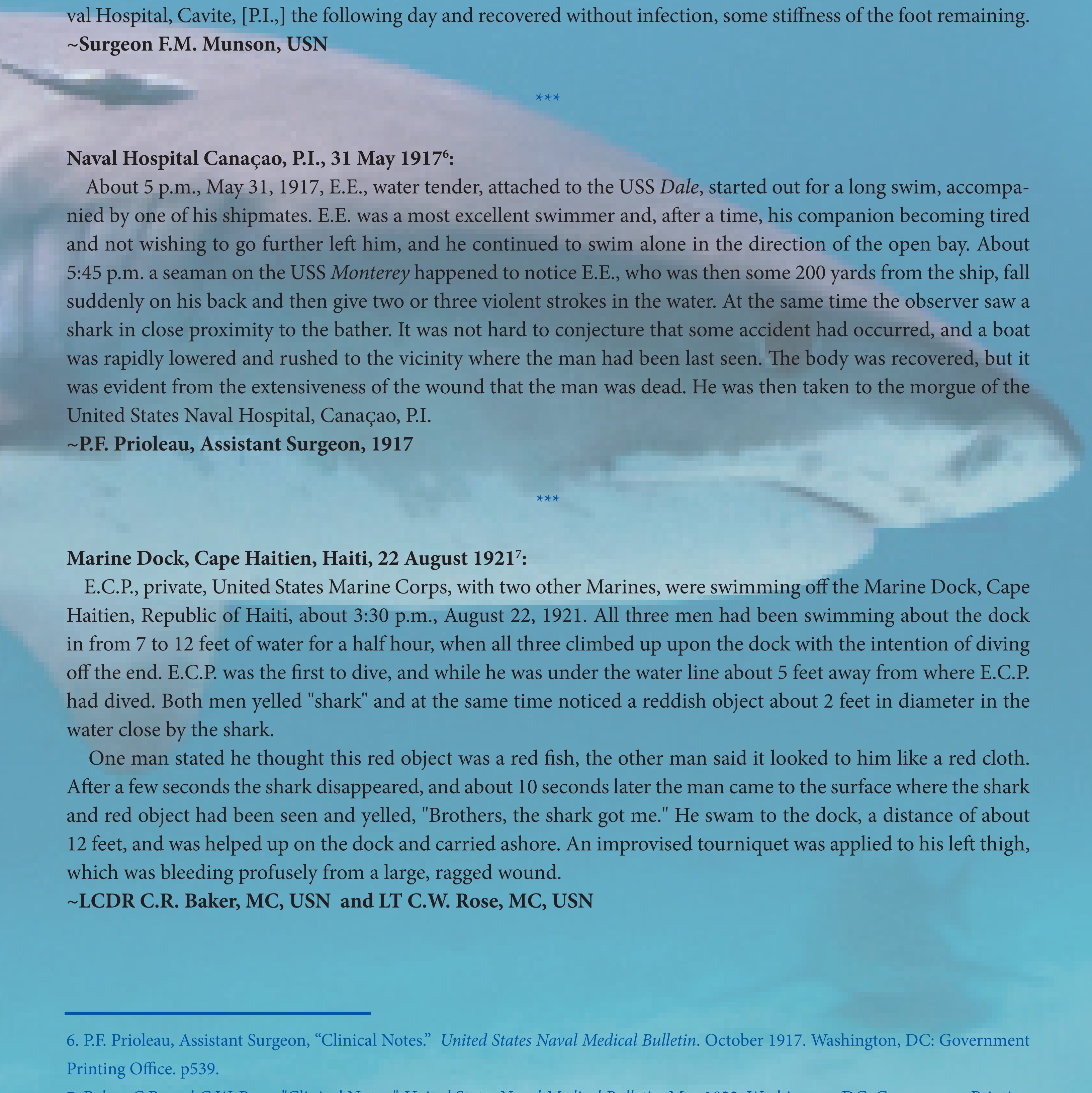
[4] Brownell, C.D.W. Extracts from USS *Amphitite*, U.S. Naval Station, Guantanamo, Cuba, 31 March 1904. Letter 87140. BUMED Correspondence Files (RG 52). National Archives, Washington, DC.

[5] Munson, F.M. to Surgeon General P.M. Rixey, 21 February 1905. Letter 65218. BUMED Correspondence Files (RG 52). National Archives, Washington, DC.



ashore and placed upon the operating table.

Under ether, Surgeon [William H.]Bucher, U.S. Navy, repaired the damage as follows: the fragments of bone were removed, the arteries ligated and tendons sutured; the fascia on the plantar, and the skin on both surfaces sutured; through and through drainage secured and a rubber drainage tube left in the wound. The man was sent to the Naval Hospital, Cavite, [P.I.,] the following day and recovered without infection, some stiffness of the foot remaining.

~Surgeon F.M. Munson, USN

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Naval Hospital Canaçao, P.I., 31 May 1917[6]:

About 5 p.m., May 31, 1917, E.E., water tender, attached to the USS *Dale*, started out for a long swim, accompanied by one of his shipmates. E.E. was a most excellent swimmer and, after a time, his companion becoming tired and not wishing to go further left him, and he continued to swim alone in the direction of the open bay. About 5:45 p.m. a seaman on the USS *Monterey* happened to notice E.E., who was then some 200 yards from the ship, fall suddenly on his back and then give two or three violent strokes in the water. At the same time the observer saw a shark in close proximity to the bather. It was not hard to conjecture that some accident had occurred, and a boat was rapidly lowered and rushed to the vicinity where the man had been last seen. The body was recovered, but it was evident from the extensiveness of the wound that the man was dead. He was then taken to the morgue of the United States Naval Hospital, Canaçao, P.I.

~P.F. Prioleau, Assistant Surgeon, 1917

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Marine Dock, Cape Haitien, Haiti, 22 August 1921[7]:

E.C.P., private, United States Marine Corps, with two other Marines, were swimming off the Marine Dock, Cape Haitien, Republic of Haiti, about 3:30 p.m., August 22, 1921. All three men had been swimming about the dock in from 7 to 12 feet of water for a half hour, when all three climbed up upon the dock with the intention of diving off the end. E.C.P. was the first to dive, and while he was under the water line about 5 feet away from where E.C.P. had dived. Both men yelled "shark" and at the same time noticed a reddish object about 2 feet in diameter in the water close by the shark.

One man stated he thought this red object was a red fish, the other man said it looked to him like a red cloth. After a few seconds the shark disappeared, and about 10 seconds later the man came to the surface where the shark and red object had been seen and yelled, "Brothers, the shark got me." He swam to the dock, a distance of about 12 feet, and was helped up on the dock and carried ashore. An improvised tourniquet was applied to his left thigh, which was bleeding profusely from a large, ragged wound.

~LCDR C.R. Baker, MC, USN and LT C.W. Rose, MC, USN

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[6] P.F. Prioleau, Assistant Surgeon, "Clinical Notes." *United States Naval Medical Bulletin*. October 1917. Washington, DC: Government Printing Office. p539.

[7] Baker, C.R. and C.W. Rose. "Clinical Notes." *United States Naval Medical Bulletin*. May 1922. Washington, DC: Government Printing Office. p881.

VIXERAT

Ferdinand "Fred" V. Berley (1912-2013)
RADM, MC, USN

Dr. Ferdinand Berley and wife Camille in 1937
BUMED Archives

Ancient Romans preferred to avoid the allusion to death. In referring to someone who had recently died, they would use the Latin term "vixerat," meaning "He has lived." RADM Ferdinand Berley, a retired officer of the Medical Corps passed away on 17 June 2013. He was 100. With his death we are reminded that he not only lived, but gave special meaning to the word. To have reached his centenary is remarkable enough. But to have attained this milestone after having been a POW during World War II is truly astounding.

Jan K. Herman, historian and longtime friend of RADM Fred Berley, remembered him by saying, "He is truly a remarkable man, not only for surviving an ordeal that many Soldiers, Sailors, and Marines, did not, but for providing expert and compassionate medical care to the men in those prison camps. More than a few of them came home as a result of Dr. Berley's dedication and skill. But, more importantly, RADM Fred Berley, without doubt, represents the 'The Greatest Generations' finest.'"

Dr. Berley joined the Navy as a line officer fresh out of college in 1934, yet his true ambition was to become a Navy physician. Times were bad and the few Navy medical officers on active duty were kept busy caring for young men at CCC (Civilian Conservation Corps) camps scattered around the country.

In 1937, the year he graduated from Northwestern Medical School, the Navy had only 20 openings for new physicians, but the young Dr. Berley took the examination and secured one of them.

After a surgical internship at Naval Hospital San Diego, CA, he volunteered for duty with the Asiatic Fleet. First as a destroyer division medical officer, where he was responsible for the health of four destroyer crews, and then as a physician assigned to the 4th Marines in Shanghai just as war clouds were gathering. He accompanied the regiment when the Marines evacuated to the Philippines in November 1941.
There, Berley drew an assignment at the Navy Yard dispensary at Cavite. He learned the war had started when a colleague shook him awake at 5:30 in the morning saying, "Fred, we just got word. They bombed Pearl Harbor."

"And all I said was, 'Good. Now we can lick the sons of bitches,' and I turned over and went back to sleep."

On 10 December, Dr. Berley witnessed the Japanese bombing of the Cavite Navy Yard, an attack that virtually destroyed the yard and resulted in hundreds of dead and wounded.

Just days later, he and his comrades evacuated Cavite and, when GEN Douglas MacArthur declared Manila an open city, the Americans began a harrowing retreat down the Bataan Peninsula toward the port of Mariveles. On the night of 29 December, Berley and his 4th Marines sailed the short distance across Manila Bay by barge.

For the next three months, Berley and his comrades withstood the siege of Corregidor, defending the island fortress in Manila Bay from Japanese bombers and later an invasion force that overwhelmed the defenders, forcing their surrender in May 1942.

After his capture at Corregidor, Dr. Berley had a variety of prison experiences. His odyssey took him first to Bilibid, a dreadful prison in Manila, where thousands perished from disease and starvation, then to the farm camp of Cabanatuan, and finally to Japan itself where he worked in the prison hospital at Tsumori Camp in Osaka caring for American and Dutch POWs. Shortly thereafter, the Japanese sent him to Ichioka, a nearby hovel masquerading as a hospital, the first of several wretched POW camps, before he was liberated in 1945.

Following repatriation, Dr. Berley continued to serve in the Medical Corps, attaining the rank of rear admiral before retiring in 1959. He then practiced surgery in Jacksonville, FL, until he retired in the mid-1980s.

In 2005, at the age of 92, he accompanied Herman and a film crew to the Philippines for the making of "Guests of the Emperor," part 3 of the World War II documentary series, Navy Medicine at War.

"We met in Manila and travelled all around the Philippines" Herman recalled. "At Corregidor Dr. Berley told us how he had come over from Bataan and showed us the damage done by Japanese bombs when at that moment a tour mobile pulled up 50 yards away. The tour guide explained to his group what at happened on Corregidor and pointed to one of buildings. I heard this and then walked over to the side of the bus and said to the man, 'Sir, you may want to talk to that elderly gentleman with the cane. He was here in 1942.' Dr. Berley ambled over to the tour mobile and all of the tourists got out of the bus and shook his hand and all wanted to have their picture taken with him. Afterwards the driver leaned down to Dr. Berley and said, 'Sir, if I may say, you still have the bearing of a soldier.' And Dr. Berley looked up at him and said with great pride, 'Oh no. I was a Navy medical officer.'"

Berley is survived by his wife of 67 years Camille, his children: Robert Berley, Victoria Payne, Jr., Fred Berley, John Berley, and Dr. Joseph Berley, as well as 12 grandchildren and five great-grandchildren. ***by ABS***

Sources:

Herman, Jan. Telephone Interview with Ferdinand Berley. 7, 21, 27 February, 6 March, 3, 10, 24 April, and 1 May 1995. BUMED Archives. The full interview transcript can be found in the Medical History Library (www.medicalheritage.org).
Sobocinski, André. Telephone interview with Jan K. Herman, 18 June 2013.

Angels of the Airfields

ENS Jane Kendeigh, Navy flight nurse receiving a warm welcome from Marines at Okinawa (8 April 1945)
All photos from BUMED Archives

Navy's Air Evacuation Nurses of World War II

When the Naval Air Transport Service (NATS) R4D broke through the clouds of volcanic dust and smoke to land on Iwo Jima on 6 March 1945, it carried more than whole blood and medical supplies for the wounded. On board this flight was a 22-year old Navy nurse named Jane Kendeigh[1], marking the first time in history that a Navy flight nurse appeared on an active Pacific battlefield. Kendeigh may have become a symbol for casualty evacuation and high altitude nursing on that day, but she was far from alone in this daring mission.

From 6 to 21 March 1945, Kendeigh and her fellow flight nurses air evacuated some 2,393[2] Marines and Sailors from Iwo Jima. Pictures of these first combat nurses show them offering encouragement and comfort to the rows of littered patients along the battlefield runways. For these physically and psychologically wounded warfighters, flight nurses served as the military equivalent of Dante's Beatrice[3], appearing at a critical moment in their lives and escorting them from the pits of hell to the safety of forward operating hospitals. It's little wonder why a special bond often developed between these patients and nurses. In a recent telephone interview, Mary Hudnall, one of the first flight nurses on Iwo, recalled one patient being so grateful of his rescue that he insisted on giving her a memento from the battlefield. "He asked me to take a small medicine bottle and said 'It's sand from Iwo Jima. I don't want you to forget what we did here.'" When he fell asleep she tucked the trinket under his blanket. However, when he awoke he begged her to take it. As of April 2013, Hudnall still had this souvenir and still remembered the sacrifice of the men on Iwo.[4]

By the time of the invasion of Iwo Jima, the concept of air evacuation was nothing new.[5] On 1 September 1942, the joint-service South Pacific Combat Air Transport Command (SCAT) began using cargo planes to evacuate wounded servicemen during the Guadalcanal campaign. These missions were initially free of medical personnel until November 1942, when Navy pharmacists mates were added to flights.[6] In March 1943, SCAT formally established a joint medical section comprised of Army and Navy flight surgeons to supervise and select casualties for air evacuation in theater.[7] Flight nursing first took off when the U.S. Army employed nurses on evacuation missions to North African campaign in December 1942. A

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1. After her heroic work in Iwo Jima, ENS Jane Kendeigh (1922-1987) was sent back to the United States to participate in a War Bond drive. Soon after, she requested to return to the Pacific combat zone. On 7 April 1945, six days after the invasion, Kendeigh landed on Okinawa.
2. This amounted to 13.5 percent of total casualties evacuated on Iwo Jima. (BUMED. *The History of the Medical Department of the United States Navy in World War II.Volume 1: A Narrative and Pictorial Volume*. Washington, DC: Government Printing Office. 1953.)
3. In the allegorical poem *The Divine Comedy*, Beatrice is a symbol of hope who guides the author/protagonist through purgatory and hell to heaven.
4. Sobocinski, André. Oral History Interview with Mary Leahy Hudnall (telephone) on 25 April 2013.
5. The British had experimented in "air ambulancing" as far back as in the 1920s. In 1929, the Colonial Flying Service and Scully Walton Ambulance Company of New York organized the first civilian air ambulance service. Kane, Joseph. *Famous First Facts: A Record of First Happenings, Discoveries and Inventions in the United States*. New York: The H.W. Wilson Company (Third Edition). 1964).
6. BUMED. *The History of the Medical Department of the United States Navy in World War II. Volume 1: A Narrative and Pictorial Volume*. Washington, DC: Government Printing Office. 1953.
7. Mae Mills and Hubert Coleman. *Medical Support: Army Air Forces in World War II. Office of the Surgeon General, USAF*. Washington, DC: GPO. 1955. Navy nurses Stephany Kozak and Mary Cain attended this school at Bowman field in June 1943 becoming the Navy's first flight nurses. In January 1944, Kozak, Cain, were joined by flight nurse LT (JG) Dymphna van Gorp on a mission to Brazil to establish an "aeromedical evacuation program" in the Brazilian Air Force Nurse Corps.

ENS Jane Kendeigh attends to a badly wounded Marine sergeant on Iwo Jima, March 1945. Remakably, this patient (William Wyckoff) and Kendeigh would be reunited at Camp Pendleton Marine Corps Base, CA, 41 years after this photograph was taken.

year later, in June 1943, the Army formally established the Army Air Force School of Air Evacuation at Bowman Field, KY to offer specialized training for its flight nurses.

Owing to the need for flight nurses in the Pacific war, the Navy established its own School of Air Evacuation Casualties at Naval Air Station Alameda, CA in 1944. Overseeing the school was a former United Airline stewardess and registered nurse named Mary Ellen O'Connor, later dubbed the most "flyingest woman in the world" for her long career aboard airplanes.[8] On 10 December 1944, the first class, consisting of 24 Navy nurses and 24 pharmacists mates[9], commenced. The eight-week course consisted of lectures and demonstrations on survival training, air evacuation techniques, physiology of flight, first aid with emphasis on shock, splinting/redressing wounds, and treatment of patients in non-pressurized cabins. Students also learned about artificial horizons, and altitude through flight simulation exercises. Hallmark in the course was the intensive 18-hour “watermanship” training organized to simulate conditions of a water landing/crash scenario. The prospective flight nurses were required to swim under water, swim one-mile, and be able to tow victims 440-yards in 10 minutes.[10]

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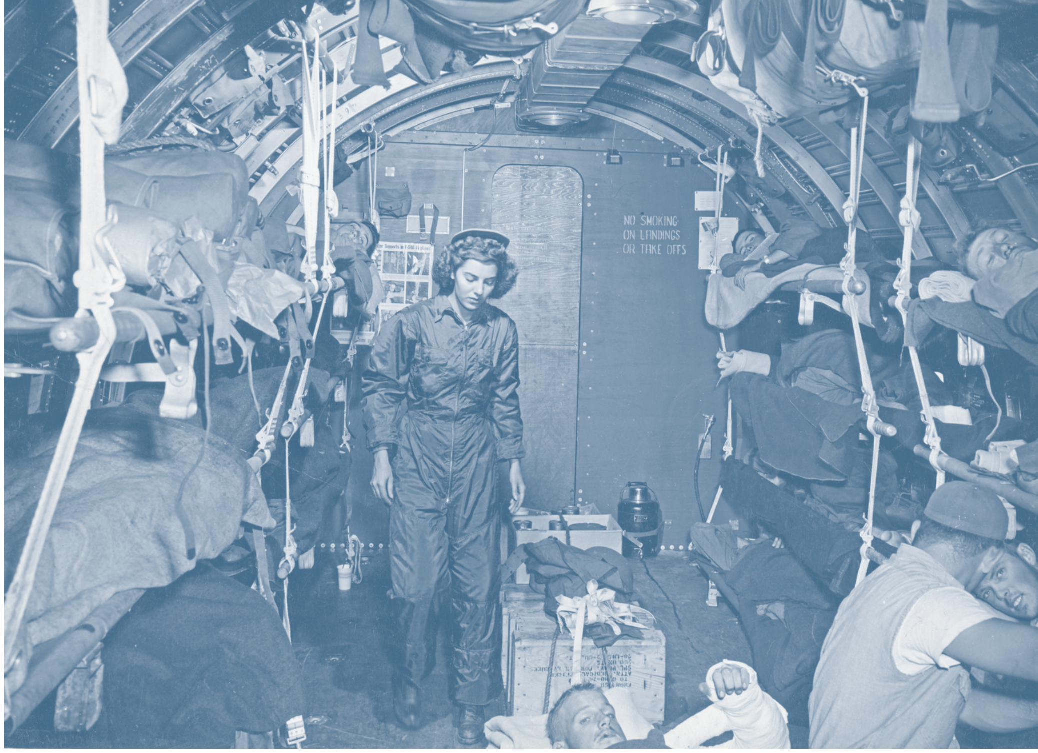
[8] Mary O'Connor, a nurse turned stewardess at United Air Lines, a time when stewardesses were required to be registered nurses. At the time of her entry into the U.S. Navy she had already flown 2,500,000 miles. After the war, she returned to United Airlines where she become the namesake for their Convair 340, also known as the "O'Connor Mainliner." In 1961, she published her biography *Flying: The Story of a Pioneer Stewardess* (New York: Rand McNally).

[9] Applicants to the Navy Air Evacuation School in Alameda, CA, were required to have good character references and be excellent swimmers.

Following graduation in January 1945, twelve of the first flight nurses were sent to Naval Air Station Agana, Guam, to prepare for their first battlefield mission while the others were used to transport casualties in the Continental United States and from the (Territory of) Hawaii. By the end of March, after two more classes graduated from the school, the Navy had 74 trained flight nurses; almost all would be used for the next big challenge, perhaps the biggest of them all: Okinawa.


ENS Kendeigh checking on patients during flight from Okinawa to Guam. (April 1945).

The Battle of Okinawa alone accounted for 17 percent of the total Navy and Marine Corps casualties suffered in World War II. Owing to the enormous casualty totals, Okinawa was the largest combat casualty evacuation operation in U.S. military history and marked the first time the Navy evacuated more casualties by air than sea. Unsung heroes in this campaign, the Navy flight nurses, now using larger R5D which could accommodate up to sixty patient litters, would help evacuate some 11,771 to Guam.[11]

After Okinawa, many of the flight nurses were used to repatriate Prisoners of War from the Philippines to Guam. A few who stayed in service years after the war would participate in the Berlin Airlift. Owing to a longstanding ban on marriage that was renewed after the war, the choice of service and family was not possible for flight nurses and most left the Navy.[12] Today, the story of the brave women of Iwo Jima and Okinawa remains a footnote in most histories of military nursing; they never achieved any medals for their service let alone much notoriety. Then again, most would say that they were just happy doing their jobs. As ENS Jane Kendeigh would remark about her service: “our rewards are wan smiles, a slow nod of appreciation, a gesture, a word—accolades greater, more heart-warming than any medal.”[13] ***by ABS***

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10. Stuart, Paul. "Angels of Mercy: U.S. Navy Flight Nurses of the Pacific Theater." *WWII Military Journal*. Winter 1996. pp 27-30.

11. The Navy evacuated some 11,732 casualties by APA, LST, and hospital ship (versus 11,771 by air). It could take a ship eight to ten days to transport casualty from Okinawa to Guam versus a flight which could take about eight hours). BUMED. *The History of the Medical Department of the United States Navy in World War II. Volume 3: The Statistics of Diseases and Injuries*. Washington, DC: Government Printing Office. 1953.

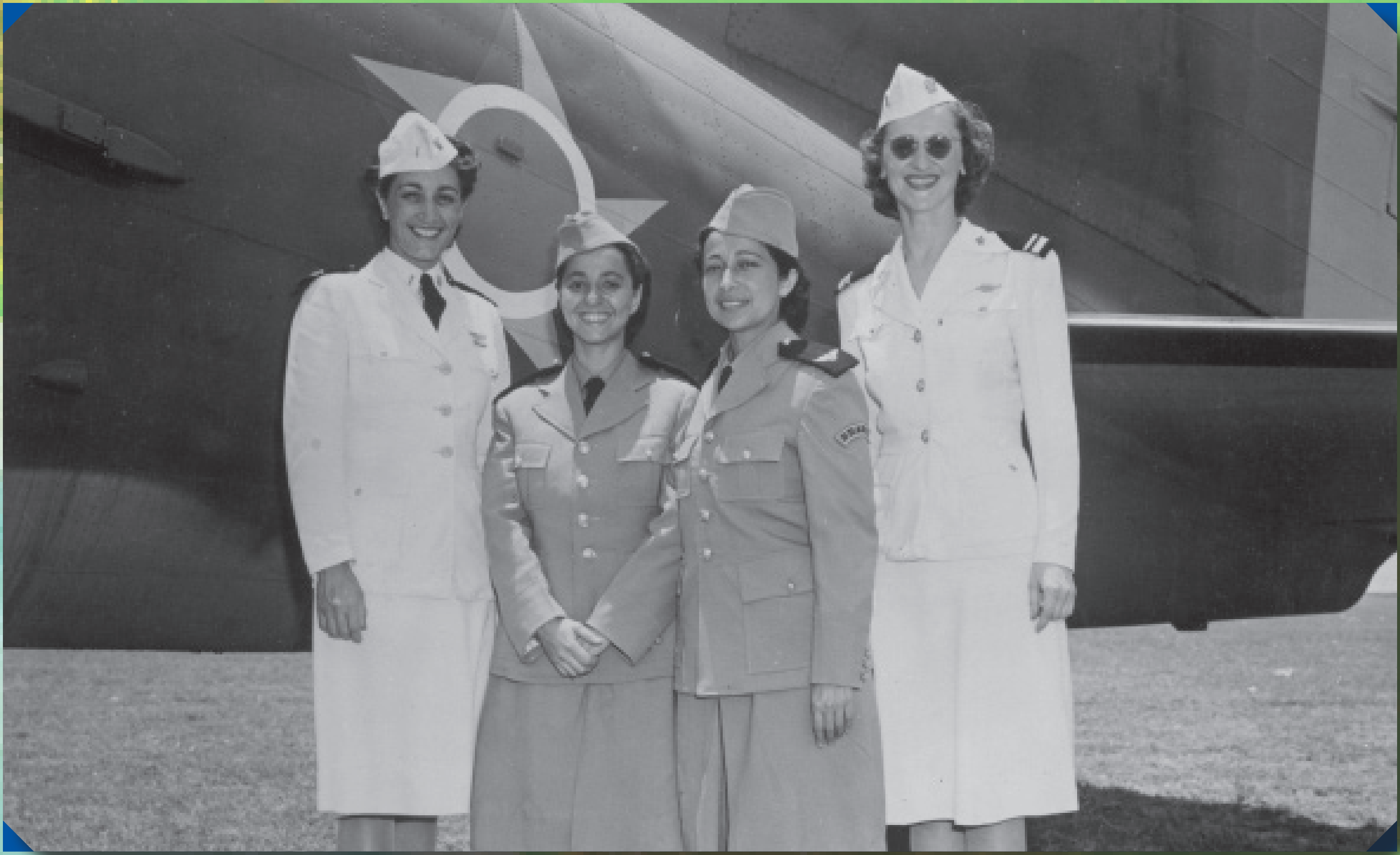
12. Marriage lead to immediate dismissal for all women servicemembers in the war. This ban was briefly lifted beginning in January but reinstituted in November 1945. It was not until the 1960s that female Navy nurses were finally allowed to marry and stay in service.

13. Sutter, Janet. “’Angel of Mercy’ kept wings: WWII nurse still dotes on patients." *The San Diego Union*. Sunday, March 24, 1985.

HISTORICAL RECORD:

Navy Medicine in Brazil, 1944

Before the Navy Air Evacuation School at Alameda was placed in operation in December 1944, Navy nurses LTs (jg) Dymphna Van Gorp and Stephany Kozak—both graduates of the Flight Nurse School at Bowman Field in 1943—were sent by the U.S. Navy to Rio de Janeiro, Brazil, to inaugurate an air evacuation course for the first nurses of the Brazilian Air Force. Throughout the year they would work with fellow instructors from the Brazilian Air Force teaching fundamentals of air evacuation nursing—e.g., how to triage patients, and positioning patients on the plane according to need for specialized nursing care. Students would undergo a host of swimming exercises and drills (e.g., ditching drills with life rafts) and desert, jungle and sea survival training.



LTs(jg) Dymphna Van Gorp (L) and Stephany Kozak (R) flank Odete Moreira (L) and Francisca Santos, nurses of the Brazilian Air Force. (31 October 1944)

All photos from BUMED Archives

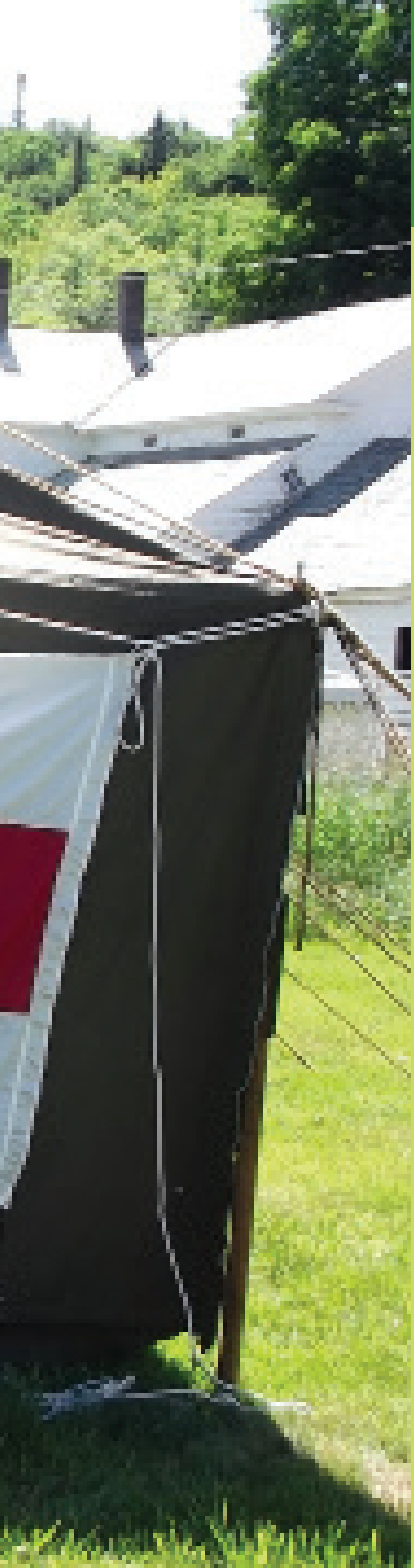
LT(jg) Dymphna Van Gorp advises Air Force nurses on techniques of lifting a stretcher patient into a plane (Oct 1944)

LT (jg) Kozak demonstrates evacuation techniques (Oct 1944)

Like its counterparts in Bowman Field, KY, and later Alameda, CA, the Brazilian Air Evacuation School consisted of on-hand training as well as lectures. Here we see an Aeromedical physiology class given by Dr. Grelle at the Brazilian Aeronautical hospital (Oct 1944)

"Dr." Walter Hanson, Navy Surgeon and Vietnam War Reenactor stands in front of his surgical tent

Courtesy of Mr. Walter Hanson



Living History's Only
Navy Battalion Aid Surgeon

Every year in Westover, VT, men and women from across New England gather together in a "Living History" competition called "Time Line." Performers ranging from scholarly historians to passionate hobbyists run the full gamut in portraying groups as diverse as Spartans to Gulf War Marines. However, amidst the legions of costumed Romans, Viking hordes and American Civil War regiments, Walter Hanson bucks the historical reenactor trends by portraying a Vietnam-era Navy Battalion Aid surgeon.

On the day of competition, Hanson can be seen dressed in a green utility uniform and boots while unpacking a box of assorted bandages, morphine syrettes, wire splints, casualty tags and scalpels as the clink of armor and swordplay rings out nearby. His world has been built on historical images and literature; and, as he freely admits, has been a "work in progress" towards the endgoal of "historical authenticity."

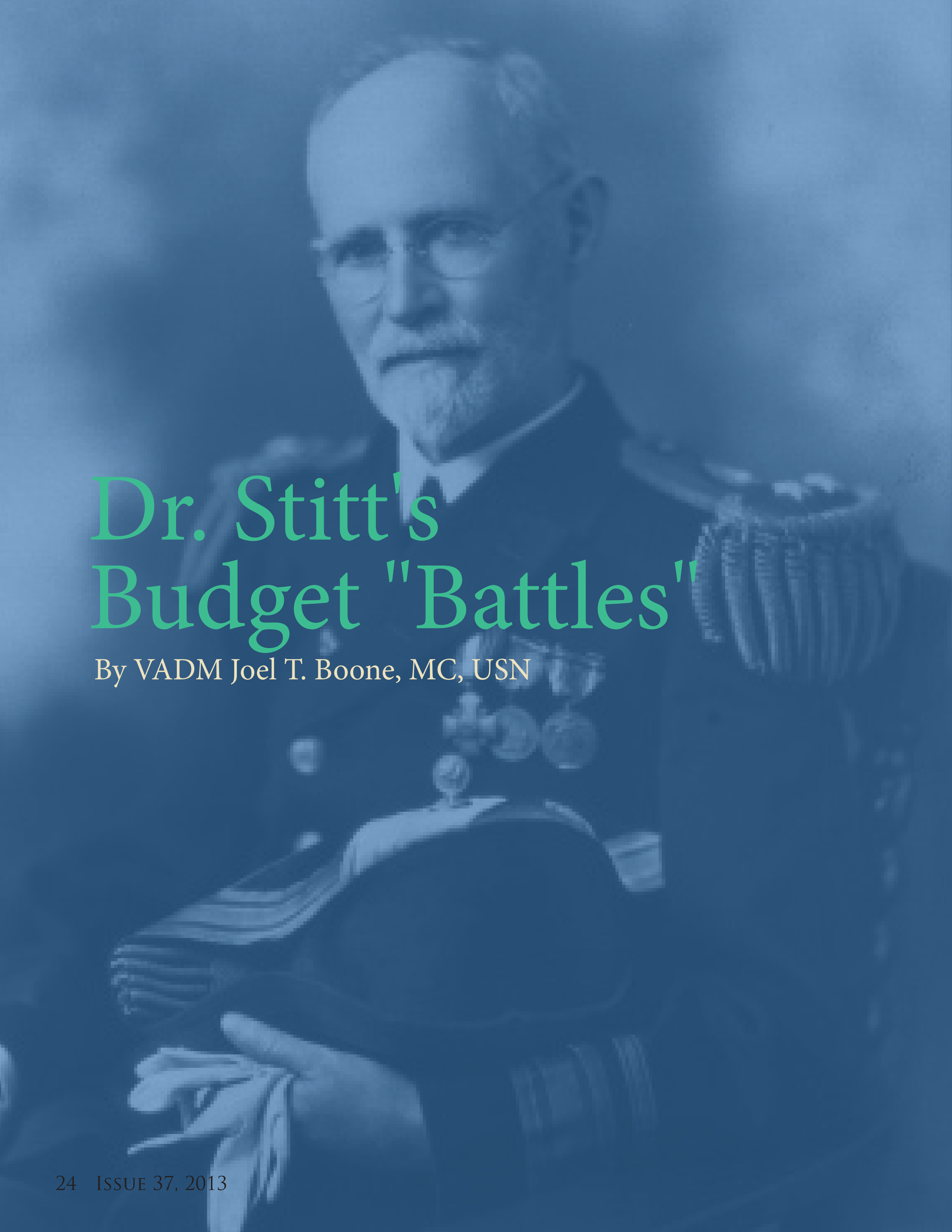
Hanson, a Coast Guard Auxiliary supply officer, has been reenacting history since 1976 when he began portraying a Revolutionary War soldier in the 1st New Hampshire Regiment. The Vietnam War came calling eight years ago at the suggestion of a friend.

"In 2005, a friend of mine was looking for someone to serve as a Navy physician in a Marine Battalion," Hanson recalled. "I immediately volunteered. Eight years later, I'm still hooked."

Although never in service in Vietnam or in the Navy, Hanson saw this as an important opportunity pay tribute to his father. "My dad spent 22 years as a Navy Hospital Corpsman," Hanson related. "It was also a chance to educate the public about the important work of Navy Medicine in Vietnam. There is more to Vietnam than combat and not many people realize the role Navy medical personnel played in theater in saving so many lives."

Hanson admits he is still learning, but has been committed to collecting knowledge and artifacts in an attempt to create an "authentic" experience for people wanting to know about the plight of Vietnam medical personnel. And although he has many Marine friends who served in Vietnam, he hopes to meet an actual Navy physician or Hospital Corpsman at a Living History Competition one day. "I am a little nervous about meeting them because I don't know how they will react. I don't want to insult them with what I'm doing." ***by ABS***

For more information about the Time Line event and the Living History Association please check out: http://livinghistoryassn.org/



Dr. Stitt's Budget "Battles"

By VADM Joel T. Boone, MC, USN

RADM Edward Rhodes Stitt (1867-1948) made his reputation as a teacher at the Navy Medical School in Washington, DC, and was the world's leading authority on tropical medicine and clinical laboratory procedures. Early in his career, VADM Joel Boone (1889-1979) served as one of Stitt's students (1915) and later as his personal aid during Stitt's tenure as Surgeon General of the Navy (1920-1928). Years after his service, Boone would recall fondly of Stitt in his unpublished memoirs, remembering the fifteenth Surgeon General as honest and kind leader to a fault.

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Admiral Stitt was a great teacher, writer, and scientist. He had not had administrative duty, as far as I know, before he came to the office of Surgeon General. Neither had he to do with financial matters of any moment that pertained to his official duties. He entered entirely the world [of administrative duties], as it were, when he became Surgeon General and Chief of the Bureau of Medicine and Surgery. He was brilliant and learned rapidly. He was notably not a good housekeeper and reputedly it was told that his desks and work benches in the laboratory at the Naval Medical School were a chaotic hodgepodge of accumulated material. He knew where things were and he was able to find them…he would have many slides of blood and specimens of various sorts and great many of them on which he had no labels to designate what they were, but he knew what they were and he could identify them immediately.

I remember so well one of the early days after he came to the Bureau of Medicine and Surgery he sent for me and wanted to know where all the papers were that he had left on his desk the night before. He did not realize that many people in the Bureau and the rest of the Navy Department were dependent on what action he took on various and sundry pieces of correspondence. The thing had to move in a rapid and orderly fashion in a great big organization. I asked him when he sent for me on this particular morning which piece of correspondence he wanted, and with much profanity (for which he was well noted and for no one held him in disrepute) he said he wanted "ALL of the pieces of correspondence"; … I told him he could not function that way in the Bureau of Medicine and Surgery, that I would bring him one or two pieces of correspondence; when he read them, have an opinion about them or give directions as to what actions should be taken, then I would bring him one or two more. He practically hit the roof when I told him that, but after a little while, he learned that was the only way to do it in a big organization such as the Bureau of Medicine and Surgery and the Navy Department. . .

He had a standing-up desk made for him to sign his mail. He always wanted to stand, like at a workbench or a laboratory bench to do a great deal of his work. He did sit down to dictate or to read a very long piece of correspondence. It was hard to keep him on time for appointments, whether in the office or going to other departments or agencies or to the Congress. That reminds me that the first time he testified before the House of Representatives Appropriations Committee, … he was very shy about going … He had, as customary with his predecessor, a Doctor [William] Gibson[1] with him, [who] sat on his right. Doctor Gibson was a physician who had never practiced but he had been head of the Finance Division of the Bureau of Medicine and Surgery for many years and he retained all the knowledge in his head and would not share any knowledge about finances with anybody else, and very little with even the Surgeon General. [Stitt's successor] Admiral Braisted didn't seem to care very much about that, because he would always defer to Doctor Gibson to answer the questions on the intricacies of finances as it pertained to the Bureau.

When Admiral Stitt appeared the first time, he wanted himself to make a statement. He did not defer…to Doctor Gibson. The statement was this: "Mr. Chairman, I have $350,000 to turn back to the government."

An acting Chairman in the chair, said, "Just a minute, Admiral, don't say any more." The Acting Chairman went out on the floor of the House of Representatives and asked for the Chairman to come in to the Committee Room. Mr. Chairman, Mr. Kelly [sic][2], did. It was Mr. Kelly from Michigan. Admiral

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[1] Dr. William Seibert Gibson (1859-1928) pursued a medical degree from The George Washington University while working as a clerk at the Navy Bureau of Provisions and Clothing (later known as the Bureau of Supply and Accounts and Naval Supply Systems Command). He was appointed chief clerk at BUMED in 1908 and served in the position until his death at the age of 69.

[2] Patrick Henry Kelly (1867-1925), R-MI. Served in the House of Representatives from 1913 to 1923. Henry Biography. http://bioguide.congress.gov/scripts/biodisplay.pl?index=K000061

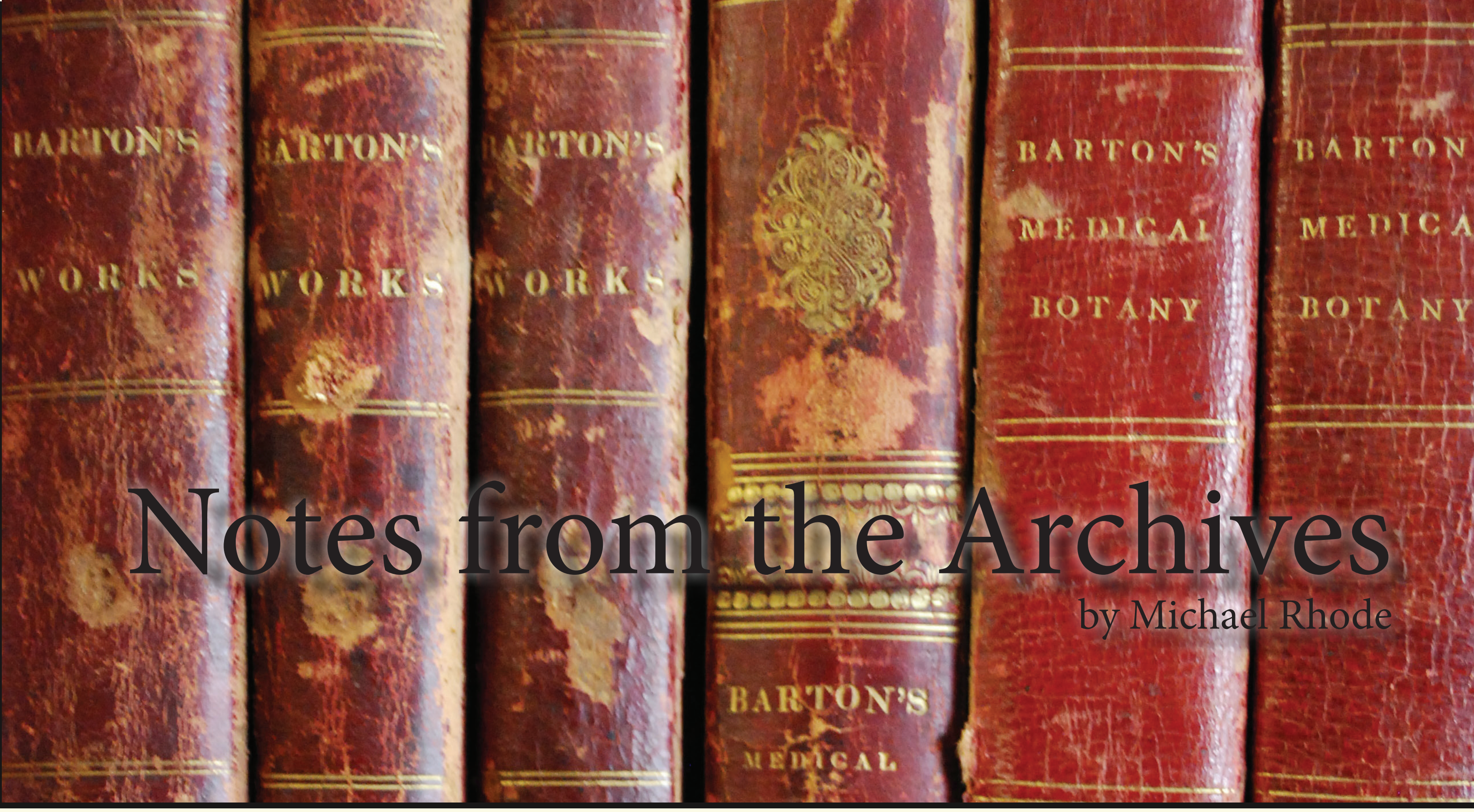
Stitt was asked to repeat the statement that he had just made to the Committee. Admiral Stitt said, "I just don't recollect what it was," so the Chairman asked the secretary or stenographer to read from his notes exactly what Admiral Stitt had said, and to repeat: "I have $350,000 to turn back to the government." Congressman Kelly said, "Admiral, this is something new for a committee to hear. Never, as long as I have been in Congress, …[has] any official come from any Agency of government and announce that he had a sum of money to turn back to the government. It's never been heard of, so far as I know."

The Committee … thought Admiral Stitt was so forthright, so honest, that he never had to defend thereafter, as long as he was Surgeon General,… any items his reports to Committees on the financial affairs of the Bureau of Medicine and Surgery. [They] believed so strongly in him that they gave him whatever he asked for without even his requirement to give explanations to the Committee. The mere asking for it connoted to the Committee and Committees that here was an honest man that wouldn't ask for anything that he [wasn't]…absolutely in need of.

I found Admiral Stitt a very delightful man to serve. He had a good sense of humor, loved music, [was] musical himself, liked people, [and was] highly considerate. He wasn't any pushover. He acquired the knowledge of administration and became a very good administrator. I helped to prevail on him [that unlike] some others in the Bureau that he must not leave the financial affairs of the Bureau in one man's hands or brains, as it were [with]…Doctor Gibson. Doctor Gibson was getting old and I foresaw that someday something might happen to him. All of his knowledge of the finances of the Bureau of Medicine and Surgery would be lost…[and he was encouraged] by others…[to] appoint an officer as Budget Officer and set up a Finance Department or a Division in the Bureau of Medicine and Surgery, which he did. He took a Hospital Corps officer named "Joiner" to fill that position. Doctor Gibson didn't like the idea at all…[but] had to accept it. Mr. Joiner became a very efficient budget officer. The budgetry [sic] was well established and [the] whole financial structure of the Bureau of Medicine and Surgery put on a very firm foundation.

Dr. William Seibert Gibson served as BUMED's Chief Clerk (equivalent to today's Comptroller) from 1908 until his death in 1928 at the age of 69. A physician by degree, never practiced medicine.

Source:
Joel Boone Papers—Memoirs, Library of Congress, Washington, DC. Box 45. (XVI-38-42)



Notes from the Archives

by Michael Rhode

The Medical Heritage Library (www.medicalheritage.org) is a "a digital curation collaborative among some of the world's leading medical libraries, promotes free and open access to quality historical resources in medicine." The BUMED Office of Medical History joined the project this spring.

Currently, BUMED publications have been the focus of our contribution, with *Navy Medicine* magazine being digitized for the first time. *Navy Medicine* has been published continually, although under different titles, from 1943 until now. It has ranged from clinical notes and articles, to newsletter items and substantial historic pieces. Issues from the present back through 1961 have been scanned for the Medical Heritage Library, and the whole run of the serial should be available by the end of the year.

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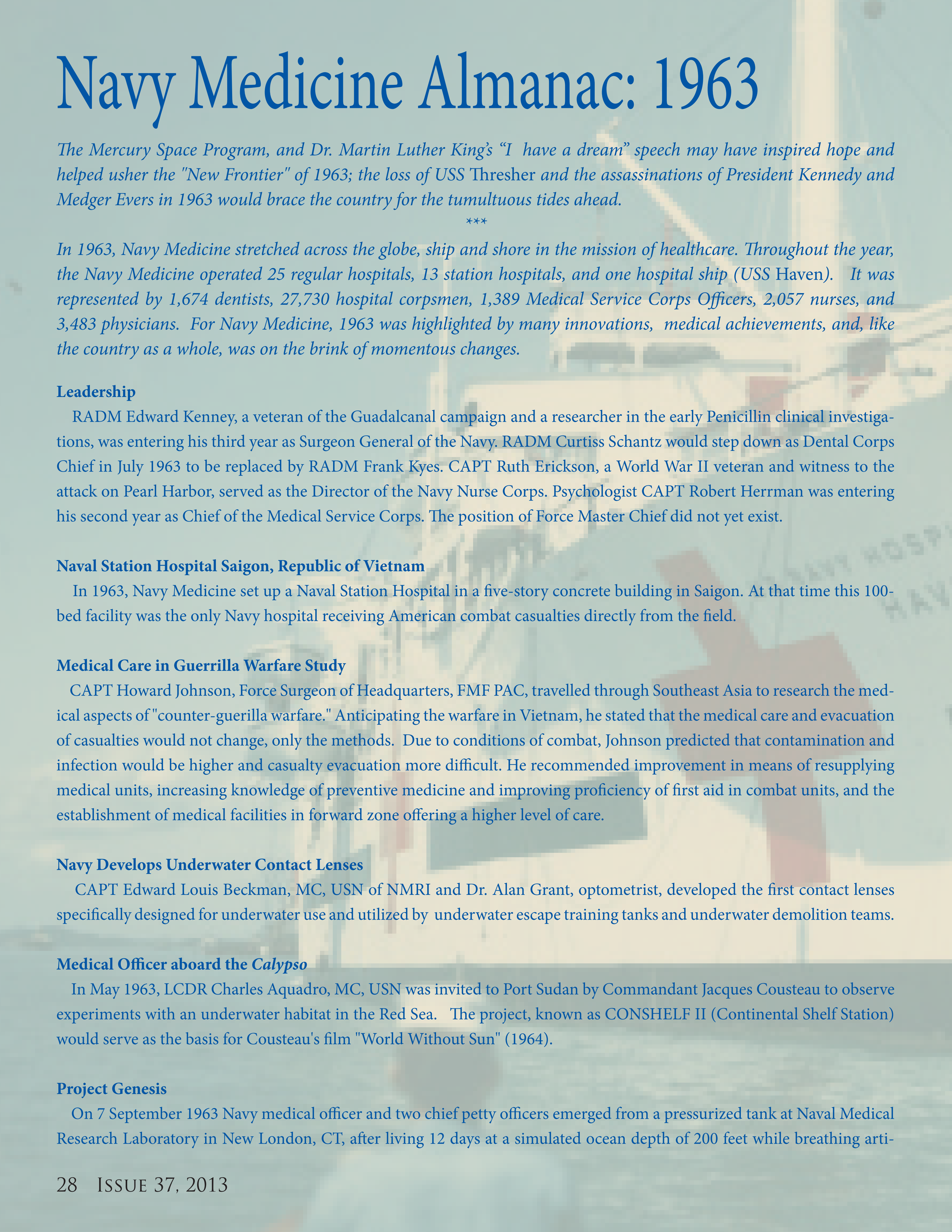
The first half of 2013 has seen some interesting and useful donations to the Office of Medical History.

- **CDR Kenneth A. Pagé, NC, USN**, transferred Nurse Corps Anesthesia Program (NCAP) records including photographs and brochures of graduating classes.
- **CAPT Pat Kenney, NC, USN,** currently based at the Uniformed Services University (USUHS), sent over a panoramic photograph of Navy Nurses at the U.S. Naval Hospital, National Naval Medical Center, Bethesda, MD, October 1945.
- **Barbara Richmond Berman** donated a World War II-era Navy boat cloak and five photographs of her father, Dr. Paul Richmond Jr.
- Historian **Jan Herman** donated his challenge coin collection.
- **CAPT (ret) Thomas C. Farrell, Jr., MC, USN,** has been sending in material he has collected over the years including five Navy medical collar insignia, a set of Hospital Corps "liberty cuffs" featuring humorous scene, one letter between Hospital Corpsmen dated 1944, and one World War II Hospital Corps FMF-issue knife.
- Mrs. **Kathryn Miller** donated a scrapbook from Navy Base Hospital Londonderry, Ireland, kept by her uncle, the hospital's11 commanding officer, CAPT Brython Davis (1890-1953). Scrapbook includes photographs of a number of famous visitors to the hospital including First Lady Eleanor Roosevelt and King George VI.

Navy Medicine Almanac: 1963



The Mercury Space Program, and Dr. Martin Luther King's "I have a dream" speech may have inspired hope and helped usher the "New Frontier" of 1963; the loss of USS Thresher *and the assassinations of President Kennedy and Medger Evers in 1963 would brace the country for the tumultuous tides ahead.*

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In 1963, Navy Medicine stretched across the globe, ship and shore in the mission of healthcare. Throughout the year, the Navy Medicine operated 25 regular hospitals, 13 station hospitals, and one hospital ship (USS Haven*). It was represented by 1,674 dentists, 27,730 hospital corpsmen, 1,389 Medical Service Corps Officers, 2,057 nurses, and 3,483 physicians. For Navy Medicine, 1963 was highlighted by many innovations, medical achievements, and, like the country as a whole, was on the brink of momentous changes.*

Leadership

RADM Edward Kenney, a veteran of the Guadalcanal campaign and a researcher in the early Penicillin clinical investigations, was entering his third year as Surgeon General of the Navy. RADM Curtiss Schantz would step down as Dental Corps Chief in July 1963 to be replaced by RADM Frank Kyes. CAPT Ruth Erickson, a World War II veteran and witness to the attack on Pearl Harbor, served as the Director of the Navy Nurse Corps. Psychologist CAPT Robert Herrman was entering his second year as Chief of the Medical Service Corps. The position of Force Master Chief did not yet exist.

Naval Station Hospital Saigon, Republic of Vietnam

In 1963, Navy Medicine set up a Naval Station Hospital in a five-story concrete building in Saigon. At that time this 100-bed facility was the only Navy hospital receiving American combat casualties directly from the field.

Medical Care in Guerrilla Warfare Study

CAPT Howard Johnson, Force Surgeon of Headquarters, FMF PAC, travelled through Southeast Asia to research the medical aspects of "counter-guerilla warfare." Anticipating the warfare in Vietnam, he stated that the medical care and evacuation of casualties would not change, only the methods. Due to conditions of combat, Johnson predicted that contamination and infection would be higher and casualty evacuation more difficult. He recommended improvement in means of resupplying medical units, increasing knowledge of preventive medicine and improving proficiency of first aid in combat units, and the establishment of medical facilities in forward zone offering a higher level of care.

Navy Develops Underwater Contact Lenses

CAPT Edward Louis Beckman, MC, USN of NMRI and Dr. Alan Grant, optometrist, developed the first contact lenses specifically designed for underwater use and utilized by underwater escape training tanks and underwater demolition teams.

Medical Officer aboard the *Calypso*

In May 1963, LCDR Charles Aquadro, MC, USN was invited to Port Sudan by Commandant Jacques Cousteau to observe experiments with an underwater habitat in the Red Sea. The project, known as CONSHELF II (Continental Shelf Station) would serve as the basis for Cousteau's film "World Without Sun" (1964).

Project Genesis

On 7 September 1963 Navy medical officer and two chief petty officers emerged from a pressurized tank at Naval Medical Research Laboratory in New London, CT, after living 12 days at a simulated ocean depth of 200 feet while breathing artificial air. The study would give credence to the theories of saturation diving and pave the path to the sea dwelling ventures throughout the decades ahead.

The Highest Form of Flattery?

In 1963, a new species of parasite was named for Lieutenant Commander William Henry Wells, a parasitologist at the Preventive Medicine School in Oakland, California. He discovered the organism "Haplorchis wellsi" while conducting a survey of parasites in Taiwan.

Humanitarian and Disaster Relief Services

In October 1963, the Navy and Marine Corps conducted disaster relief operations in Haiti and the Dominican Republic following Hurricane Flora. Flew in 433,000 pounds of supplies and evacuated 923 people from the disaster areas. Later in the year, Navy medical officers visited Iran to render medical aid to several villages along the Persian Gulf. From 24 November to 1 December, medical officers examined and treated some 3,000 persons.

No Fallout against Bomb Shelter

In May 1963, a fallout trial was conducted at the National Naval Medical Center (NNMC) Bethesda, MD, where participants had no warning and no opportunity to make advanced preparations. On 13 May, a group of 33 Navy research reserve officers reported for duty at NNMC and without warning assembled in the experimental protective shelter to begin study of habitability. Ranging in age from 29 to 57, the men were given no special briefing on the operation or use of the shelter. Four days later after emerging from shelter they were divided into small groups for debriefing sessions in which scientists queried them about various aspects of experience.

Project Mercury Support

In 1963, the Navy Medical Department supported the medical recovery program for Project Mercury. Fourteen Navy medical officers and two hospital corpsmen were assigned to the recovery force while eight Navy medical officers were designated "Project Mercury Monitors."

Navy Medicine on Mount Everest

At the expense of the National Geographic Society, LT E.D. Mundth, MC, USNR (NMRI Experimental Surgery Division) flew to Katmandu, Nepal, to act as consultant in the treatment of two Everest climbers who suffered severe frostbite. Dr. Mundth administered 6-day course of therapy with experimental drug, low molecular weight dextran, to improve circulation in small vessels. On the basis of skin temperature observations and gratifying clinical improvement the treatment had improved the blood flow to questionably viable tissue and the eventual tissue loss the men was expected to be minimal.

Sources:

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“Timeline.” Navy MSC Mentoring Guidebook. 2005

Fatal Decision:
EDITH CAVELL
WWI Nurse

Fatal Decision: Edith Cavell, WWI Nurse
By Terri Arthur
Beagle Books, Westport, MA. 2011. 379 pages

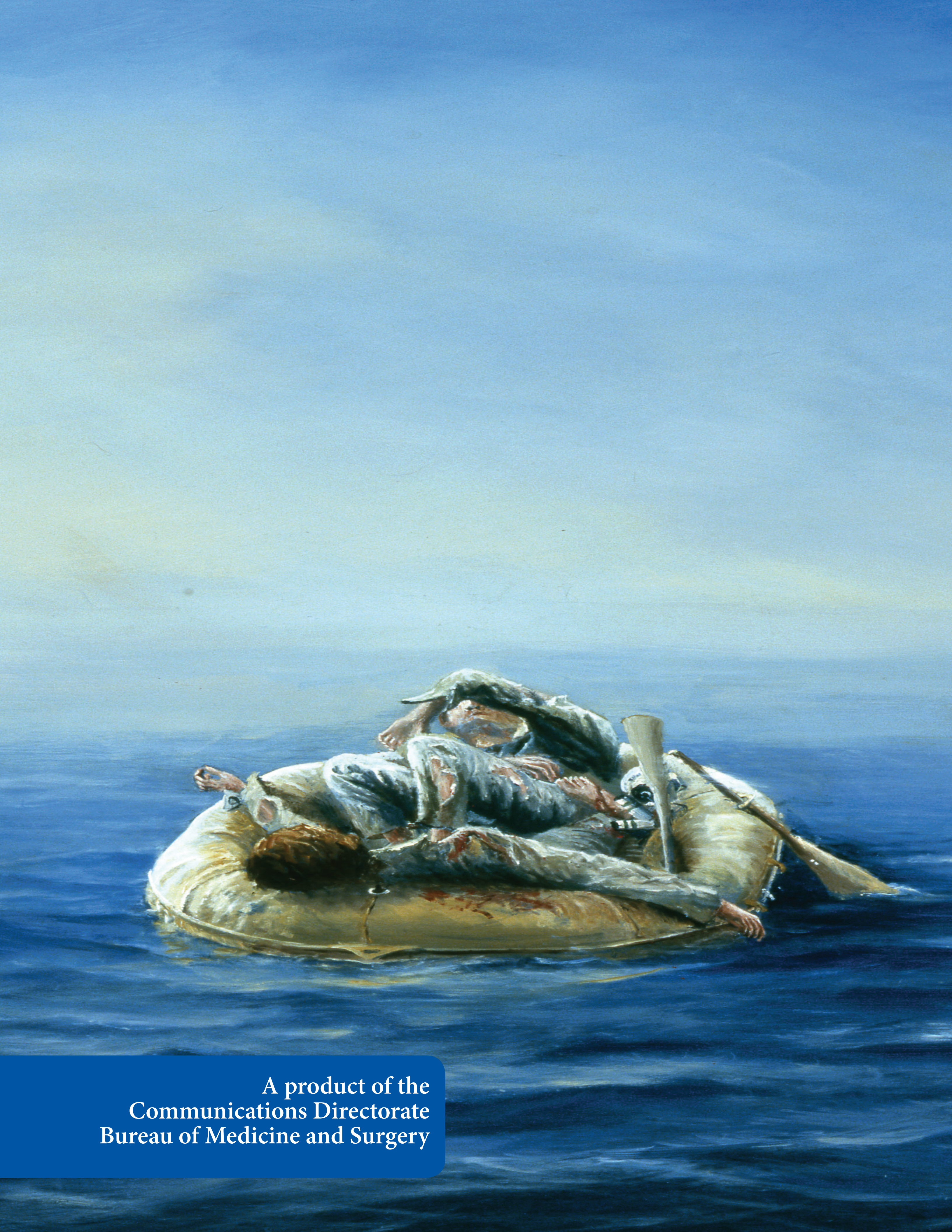
Edith Arthur's life of Edith Cavell portrays an idealistic, disciplined, and heroic woman. Inspired by Florence Nightingale, she was a force in the professionalization of nursing, and in her tragic death by firing squad, an historical figure. This is a valuable book for anyone in military medicine, and we are in Arthur's debt for informing the current generation about this highly dedicated person. She wrote the book as an historical novel, which facilitated her illumination of Cavell's life and times. This is further enriched by the author's background in nursing, which lends verisimilitude to her description of the challenges Cavell faced as a nurse; for example the graphic portrayal of the gut wrenching care she provided typhoid victims during an 1897 epidemic.

Born in 1865 in Norfolk, England, Cavell grew up in an Anglican parish where her father was the vicar. Educated at home, high school, and boarding school, she left home at age eighteen for employment as a governess with families in England and Belgium. She returned in 1895 to nurse her sick father, and this experience led her into nursing. She completed her training in 1898 at the Royal Hospital in London, and her initial employment was in private nursing, which was followed by supervisory positions. Her success in management and teaching resulted in her recruitment in 1907 to head a new nursing school in Brussels, Belgium. Unfortunately, when war broke out in 1914 and Germany occupied Belgium, she was in the path of the German army and its enemy, France. While the "decision" in the book's title refers to Cavell's assisting recovering British soldiers escape to Holland, the larger decision was her choice to stay in Belgium. Her clinic became a Red Cross hospital treating both German and allied wounded soldiers, but was in an increasingly untenable position. She assured her mother that she and her team were "quite prepared and living under the flags of the Red Cross," but as the war ground on she joined the underground to help allied soldiers escape to neutral territory, a decision that sealed her fate. In July 1915, the Germans arrested her for harboring enemy soldiers, and she freely admitted to assisting some 200. She was tried by a military court, found guilty on October 12th and along with three other Belgians was executed by a firing squad the next morning. Her death prompted worldwide disgust, made her a national heroine, and contributed to the change in public opinion that led to America's entry in the war.

There are some reviewer concerns. The genre of the historical novel poses a conundrum, since it requires blending history, which is based on facts, with the novel, which is fiction. This approach enables an author to enliven a narrative in a way not possible with a strictly historical presentation, and in this case makes for a most readable book. But it requires a "willing suspension of disbelief" in its depiction of scenes and the spoken and internal dialogue of characters, although in a way that is wholly believable. A second concern is the book deserved better editing and proofing, for example, occasional typos and an inexplicable font change for two pages early on in the book. It would also benefit from a chronology of key events.

However, the important point is this is a worthwhile read, especially for those in military medicine. It is a movingly tragic account of an heroic woman, and an informed commentary on the professionalization of nursing. It is also a vivid view of the first world war, especially for Americans who universally have a hazy idea (or none at all) of a conflict in which we deployed two million men and women to Europe where over 106,000 died. Finally, the author is saluted for memorializing Edith Cavell, an extraordinary figure who commands our respect.

~Reviewed by COL Richard Ginn, MSC, USA (Ret.)



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